

PATENT NUMBER

U.S. **UTILITY** Patent Application

O.I.P.E.

PATENT DATE

U.I.P.E.
SCANNED LM4 Q.A. Ed

APPLICATION NO. 09/682624	CONT/PRIOR	CLASS 604 128	SUBCLASS 876	ART UNIT 376+ 3764	EXAMINER Brown
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TS Joan Clayton

Gastrostomy tube band

PTO-2040
12/89

ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
	_____ (Primary Examiner) (Date)		ISSUE FEE	
Amount Due			Date Paid	
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